

NOV. 17. 2006 3:31PM

ORAMETRIX (972) 728-5600

NO. 5744 P. 4

PART B - FEE(S) TRANSMITTAL

O I P E

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

NOV 17 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000038600

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09/07/2006

ORAMETRIX, INC.

2350 CAMPBELL CREEK BOULEVARD, SUITE 400

RICHARDSON, TX 75082

11/20/2006 RHELEETE 00000088 502844 10620231

01 FC:2501 700.00 DA
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

JASVANTRAI C. SHAH (Depositor's name)
Jasvantra C. Shah (Signature)
17 November 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,231	07/14/2003	Rohit Sachdeva	03-389-A	8511

TITLE OF INVENTION: METHOD AND SYSTEM FOR COMPREHENSIVE EVALUATION OF ORTHODONTIC TREATMENT USING UNIFIED WORKSTATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANAHAN, TODD E	3732	433-024000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. McDonnell Boehnen
2. Hulbert &
3. Berghoff LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Oramatrix, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Richardson, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2844 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Jasvantra C. Shah

Date 17 November 2006

Typed or printed name JASVANTRAI C. SHAH

Registration No. 39,444

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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OraMetrix
2350 Campbell Creek Blvd., #400
Richardson, TX 75082
972-728-5552
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Fax

To: Mail Stop ISSUE FEE	From: Jasvantrai C. Shah
Fax: (571) 273-2885	Date: November 17, 2006
Phone: (571) 272-4713	Pages: (5) Including cover sheet
Re: 10/620,231	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Serial No. 10/620,231

Agent JCS

Re: Applicant – Sachdeva et al.

Case No. 03-389-A

Filed: 07/14/2003

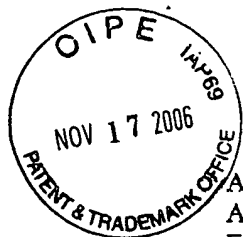
Title: METHOD AND SYSTEM FOR COMPREHENSIVE EVALUATION OF
ORTHODONTIC TREATMENT USING UNIFIED WORKSTATION

Dear Sir:

We are transmitting herewith:

☒ Transmittal letter
☒ Payment of Issue Fees
☒ Form PTOL-85, Part B - Fee(s) Transmittal (two copies)

Respectfully,
Jasvantrai C. Shah
Agent for Applicant



UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/620,231
Applicant : Sachdeva et al.
Filed : 07/14/2003
TC/A.U. : 3732
Examiner : Todd E. Manahan

Confirmation No. 8511

Docket No. : 03-389-A
Customer No. : 000038600

Title : METHOD AND SYSTEM FOR COMPREHENSIVE EVALUATION OF
ORTHODONTIC TREATMENT USING UNIFIED WORKSTATION

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

TRANSMITTAL LETTER

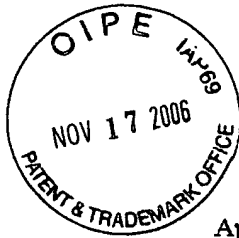
Sir:

1. We are transmitting herewith the attached:
 1. Payment of Issue Fees
 2. Form PTOL-85, Part B - Fee(s) Transmittal (two copies)
2. With respect to additional fees:
 - A. ☐ No additional fee is required.
 - B. ☐ Attached is a check in the amount of \$_____.
 - C. ☒ Charge the total additional fee to our Deposit Account No. 50-2844.
Please charge \$1,000 including \$700 Issue Fee for a Small Entity; and \$300
Publication Fee, and any additional fees to Deposit Account No. 50-2844.
3. Please charge any additional fees or credit overpayment to Deposit Account No. 50-2844.
4. **CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8:** The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1 hereinabove, are being transmitted by facsimile to number (571) 273-2885 addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, on this 17th day of November 2006.

By Jasvantra C. Shah

Jasvantra C. Shah
Reg. No. 39,444

OraMetrix, Inc.
2350 Campbell Creek Blvd, Suite 400
Richardson, Texas 75082



UNITED STATES PATENT AND TRADEMARK OFFICE

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ORTHODONTIC TREATMENT USING UNIFIED WORKSTATION

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

PAYMENT OF ISSUE FEES

Sir:

Please charge Deposit Account No. 50-2844 the amount of \$1,000 including \$700.00 for payment of the issue fees for a small entity and \$300 publication fee for the above referenced application.

Please charge any additional fees or deficiency or credit overpayment to Deposit Account No. 50-2844.

Respectfully submitted.

Date: 17 Nov. 2006By Jasvantrai C. Shah

Jasvantrai C. Shah
Reg. No. 39,444

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8: The undersigned hereby certifies that the foregoing PAYMENT OF ISSUE FEES is being transmitted by facsimile to number (571) 273-2885 addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, on this 17th day of November 2006

By Jasvantrai C. Shah

Jasvantrai C. Shah
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